

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2011 JAN 14 AM 9: 54

					Office Use Only
NAME OF COMMITTEE (in	TYPE OR PRINTfull)		Example: If typing, to	ype 12FE4M5	LEWITHIE UCHTER
Druft I	Brigar schw	1725	1111		
				 	
ADDRESS (number ar	nd street)	polacyt	road	 	
▼ Check if dif	ferent			 	
than previo	usly 14 <i>ム(</i>) / かり			LI CII L	
2. FEC IDENTIFIC	CATION NUMBER ♥	CITY A		STATE A	ZIP CODE A
		3. IS THIS	NEW NEW	T AMENDI	STATE ▼ DISTRICT
		REPORT		OR (A)	
4. TYPE OF RE	PORT (Choose One)	 (b) 12-Day PF	RE-Election Report f	for the:	
(a) Quarterly R	eports:		Primary (12P)	General (12	Purioff (12P)
April 1	Quarterly Report (Q1)		· 1	return !	
July 15	Quarterly Report (Q2)		Convention (120) • [Special (12	S
3464	r 15 Quarterly Report (Q3)	Election of	M M / C	, Y Y Y Y	in the State of
Januar	y 31 Year-End Report (YE)	(c) 30-Day PC	OST-Election Report	for the:	
And the state of			General (30G)	Runoff (30)	R) Special (30S)
Termina	ation Report (TER)	Election o	on M M / C	· · · · · · · · · · · · · · · · · · ·	in the State of
5. Covering Period		1 2 5 7 9°	through	87 'BT'	7015
I certify that I have	examined this Report and to	o the best of my	knowledge and beli	ief it is true, correct and	complete.
Type or Print Name	of Treasurer #MM/10	V freu	WIUSE		
Signature of Treasur	er		• ••	Date 07	19012015
NOTE: Submission of		ete information ma	av subject the person	signing this Report to th	e penalties of 52 U.S.C. §30109.
Office	Tales, Grandsday, Grandships	· ·	;	- I I I I I I I I I I I I I I I I I I I	- penanies of 52 0.3.0. 900109.
Use Only	property something)		gradus de la	19.1782	(Revised 02/2003)
(s) Offship-A	geature.	(p) 15:093	Francisco Popo	\$ ROLEMON	and the state of t

tel - 12-bus Frank Geodes Pepinh sex Yes

SUMMARY PAGE

<u>_</u>	FEC Form 3 (Revised 02/2003)	of Receipts and Disbursements	Page 2
Ň	Vrite or Type Committee Name	itzer	·
R	Report Covering the Period: From:	0 1 5 1 70 74 To	
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	97.62	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(b) Total Contribution Refunds (from Line 20(d))		
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	42.62	1026
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)		
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
8.	Cash on Hand at Close of Reporting Period (from Line 27)	[07(2	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	49. 5. (*)	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

D	ype Committee Name WH BOW SCHU Overing the Period: From:	11/25 2014 TO	.: <u>27 </u>
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
(a) Inc Po (i) (ii) (b) Po (c) Ot (su (d) Th (e) TC (ot	dividuals/Persons Other Than ditical Committees Itemized (use Schedule A) Unitemized TOTAL of contributions from individuals her Political Committees uch as PACs) e Candidate DTAL CONTRIBUTIONS ther than loans) dd Lines 11(a)(iii), (b), (c), and (d))	97.62	10 2 L
	FERS FROM OTHER PRIZED COMMITTEES		
(b) All (c) TO (ac	Other Loans		

15. OTHER RECEIPTS

(Refunds, Rebates, etc.)

(Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)......

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3 (Revised 02/2003)	Or Biobardoniento	Page 4
II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	A - A - (1) - A (-)	A. A. (2) A. A. (2) A. A. (2) A.
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	(7)	
	(b) Of All Other Loans		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		
21.	OTHER DISBURSEMENTS	9\	7
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)		
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	ITING PERIOD	COC
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	9262
25.	SUBTOTAL (add Line 23 and Line 24)		10202
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Receipt Mailing State Zip Code oursh FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

S 17

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and	may not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,	
Dout Brion SU	nweitzer	
Full Name (Last, First, Middle Initial)		Date of Disbursement
A		MAM / DAD / YAYAYAY
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	
Office Sought: House Disbursement Fo		
	(specify)	
State: District: Full Name (Last, First, Middle Initial)		
В.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		J
	Category Type	
Office Sought: House Disbursement For Senate Primar		
	(specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
С.		M M / D D / Y Y Y Y
Mailing Address		
City State 2	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	
_	or:	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		

CHEDULE C (FEC Form	1 3)	•	Use separate sch		PAGE FOR LINE NUMBER:	OF
OANS				for each category of the Detailed Summary Page		13a 13b
AME OF COMMITTEE (In Full)	iar	Schw	ietzer			
LOAN SOURCE Full Name (Last				Ele	ction:	
					Primary General	
Mailing Address					Other (specify) ▼	
City		State	ZIP Code			
Original Amount of Loan		Cumulative Payn	nent To Date	Balance	Outstanding at Close o	
TERMS Date Incurred		Da:	te Due Interes	t Rate	Secu	ired:
M M / D D / Y Y		M M / D D		Thate	% (apr)	Yes No
List All Endorsers or Guarantor	s (if any) t	o Loan Source				
1. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed		7 7 7 7	
2. Full Name (Last, First, Middle	Initial)		Outstanding: Name of Employer	American Comments of the Comme	SMC Statement, America, 7 Street, Statement, Superior, C. Sec	
Mailing Address			Occupation			
					· · · · · · · · · · · · · · · · · · ·	
City	State	ZIP Code	Amount Guaranteed Outstanding:	()		
3. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation		· · · · · · · · · · · · · · · · · · ·	
			Amount		all mediant and analysis and a second	
City	State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation		_	-
City	State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page	optional).		·····		(1)	•
FOTALS This Period (last page in t	his line onl	y)			(i) (2)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)		Supplementary for
LOANS AND LINES OF CREDIT FROM L	ENDING INSTITUTIONS	Information found on Page of Schedule C
Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
DOFF Boar Schw	eiteer	C
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%
Mailing Address	Date Incurred or Established	Mary (Dag (Arabata)
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	(CONTRACTOR)
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt inc No Yes (Endorsers and guarantors	urred? must be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or of No Yes If yes, specify:	of deposit, chattel papers, her similar traditional coliateral?	hat is the value of this collateral? Description of the second of the s
E. Are any future contributions or future receipts of in collateral for the loan? No Yes If yes	, specify:	hat is the estimated value?
A depository account must be established pursuan	Location of account:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address:	
M M / D D / V V V V	City, State, Zip:	
F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which	was pledged for this loan, or if the	
G. COMMITTEE TREASURER		DATE
Typed Name Signature		Waw \ Dad \ Ardra
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrowers. This institution is aware of the requirement the complied with the requirements set forth at 1.	(including interest rate) no more favo s of comparable credit worthiness. at a loan must be made on a basis v	rable at the time than those imposed for which assures repayment, and has
AUTHORIZED REPRESENTATIVE		
Typed Name	Titlo	DATE

SCHEDULE D (FEC Form 3)			te PAGE OF
DEBTS AND OBLIGATIONS			FOR LINE NUMBER: (check only one) 9
Excluding Loans			ne) (check only one) 10
NAME OF COMMITTEE (In Full) TOST Brian Sul	witer		
A. Full Name (Last, First, Middle Initial) of Debtor of		Nature	of Debt (Purpose):
Mailing Address			
City	Zip Code		?
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outst	tanding Balance at Close of This Period
Amount incurred this t end	Tayment This Tenod		anding balance at close of this fenda
	-1		
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor	Nature	of Debt (Purpose):
Mailing Address			
City State	7in Codo		
City State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):
Mailing Address			
City	State Zip Code		
·			
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)			
2) TOTALS This Period (last page this line number o	nly)	•	
3) TOTAL OUTSTANDING LOANS from Schodule C	(last page only)	_,	
3) TOTAL OUTSTANDING LOANS from Schedule C	tiast page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page	only) ▶	

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Nam	Name of Principal Campaign Committee (In Full) Report Covering Period:					
	From: To:					3
1	Daft Brim Schweiter III 100 100 100 100 100 100 100 100 100					
		Committee 1			(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
Α						
ВС	olumn Total Last Page O)nly	<u>.</u>			
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(i) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
В			· · · · · · · · · · · · · · · · · · ·			
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
Α						
В						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
Α						
В			·			
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
В						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
Α						
В						,

DATE OF THE PARTY IS

PRECEIVED

BILLIA IN 9150

FECHAL CENTER

FEC street, m 999 C street, m washingen, DC 20/63

That Brien 543 wolcot mul

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER (9/2013)	//14/15 DATE PREPARED
(0/2010)	